

SERVICES NEEDING APPROVAL (Prior Authorization)



Dean Health Plan wants to make sure you get the right care at the right time. That's why we have a prior authorization system in place.*

If you see an out-of-network provider, you are responsible for obtaining a prior authorization.

The list below shows the most common services that require prior authorization, but it is not comprehensive.**

Services:

- Biofeedback
- Clinical trials
- Cochlear implants
- Communication devices
- Dental services required to treat accidental injury to teeth
- Durable medical equipment (DME) greater than \$500, unless otherwise stated
- Elective hospital inpatient admissions and services
- Habilitative services
- Hearing aids
- Home health care
- Hospice care
- Inpatient behavioral health and addiction services
- Inpatient rehabilitative confinement
- Certain medical injectables (e.g., Botox, Vivitrol)
- Medical supplies (e.g., Apligraf, Dermagraft, tube feeding formula)
- Medical weight management services and bariatric surgery
- New technologies not commonly accepted as standard of care
- Non-emergency ambulance transport
- Oral surgery - approved surgical procedures
- Certain outpatient behavioral health and addiction services (e.g., partial hospital or intensive outpatient programs)
- Outpatient hospital or ambulatory surgical
 - Surgical care at an ambulatory surgical center or a provider's office
- Outpatient physical, speech and occupational therapy
- Certain outpatient radiology (e.g., MRI, CT, PET scan)
- Pain management
- Post discharge, follow-up outpatient service following exhaustion of benefits
- Select diagnostic testing (e.g., genetic testing)
- Skilled nursing facility/swing bed
- Sleep studies
- Temporomandibular disorders (TMJ)
 - Surgical services
 - Durable medical equipment (authorization required for DME >\$500)
- Transplant services - (except cornea)

If you see an in-network provider, he or she will obtain authorization for you; please ensure that your provider has completed the authorization requirements prior to receiving services.

*If prior-authorization/pre-certification is not obtained when required, a 50 percent penalty will apply, up to a \$500 maximum per occurrence. The information listed above is for comparison purposes and is subject to the terms and conditions of the Group Member Certificate.

**To obtain specific benefit information and documented confirmation of services requiring prior authorization, please contact Dean Health Plan's Customer Care Center at 800-279-1301.

Language Assistance: If you, or someone you're helping, have questions about Dean Health Plan, you have the right to get help and information in your preferred language at no cost. To talk with an interpreter, call Customer Care at 800-279-1301 (TTY:711).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Dean Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al Customer Care. 800-279-1301 (TTY:711).

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Dean Health Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau Customer Care. 800-279-1301 (TTY:711).

Non-Discrimination Statement: Dean Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.